MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/		/		
2		/		/			52		/		/		
3		/		/			53		/		/		
4		/		/			54		/		/		
5		/		/			55		/		/		
6		/		/			56		/		/		
7		/		/			57		/		/		
8		/		/			58		/		/		
9		/		/			59		/		/		
10		/		/			60		/		/		
11		/		/			61		/		/		
12		/		/			62		/		/		
13		/		/			63		/		/		
14		/		/			64		/		/		
15		/		/			65		/		/		
16		/		/			66		/		/		
17		/		/			67		/		/		
18	/		/				68		/		/		
19		/		/			69		/		/		
20		/		/			70		/		/		
21		/		/			71		/		/		
22		/		/			72						
23		/		/			73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37	/		/				87						
38		/		/			88						
39		/		/			89						
40		/		/			90						
41	/		/				91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96						
47		/		/			97						
48		/		/			98						
49		/		/			99						
50							100						
TOTAL IND.	4	⬇	4	⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	67	⬅	67	⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	71		71				TOTAL CLAIMS						